

09/30/03

17707 U.S. PTO

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Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/05 (03-01)

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	463P108
First Inventor	Masayuki Momiuchi
Title	LASER DEVICE AND OPHTHALMOLOGICAL SURGICAL SYSTEM
Express Mail Label No.	ER247803178US

03917 U.S. PTO
10/675015

093003

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 18]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. Oath or Declaration [Total Pages 2]

- a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
- b. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

Prior application information:

Examiner _____

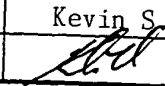
of prior application No.: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input checked="" type="checkbox"/> Correspondence address below		
Name	Kevin S. Lemack		
Address	Niels & Lemack		
City	176 E. Main Street - Suite 7		
Country	Westhoro	State	MA
	U.S.A.	Zip Code	01581
	Telephone	508-898-1818	Fax
			508-898-2020

Name (Print/Type)	Kevin S. Lemack	Registration No. (Attorney/Agent)	32,579
Signature		Date	Sept. 30, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

09/30/03

7767 U.S. PTO

PTO/SB/17 (01-03)

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Masayuki Momiuchi
Examiner Name	
Art Unit	
Attorney Docket No.	463P108

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

14-0930

Nields & Lemack

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	750
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 750.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
4	-20** = 0	18	0
1	-3** = 0	84	0
Multiple Dependent		280	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00

SUBMITTED BY

Name (Print/Type)	Kevin S. Lemack	Registration No. (Attorney/Agent)	32,579	Telephone	508-898-1818
Signature		Date	Sept 30, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

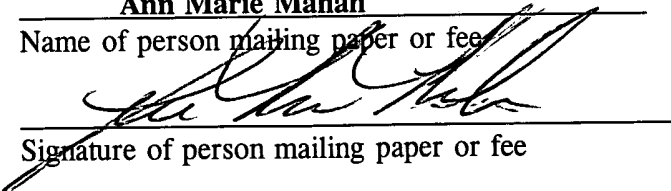
Applicants : Masayuki Momiuchi et al.
Serial No. : Not yet assigned
Filed : Herewith By Express Mail
For : LASER DEVICE AND OPHTHALMOLOGICAL SURGICAL
SYSTEM
Examiner : Not yet assigned
Art Unit : Not yet assigned
Attorney
Docket No. : 463P108
Type of paper : Utility Patent Application Transmittal Form

"EXPRESS MAIL" MAILING LABEL NO. **ER247803178US**
DATE OF DEPOSIT: September 30, 2003

I hereby certify that this patent application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, **Mail Stop: Patent Application**, Alexandria, VA 22313-1450.

Ann Marie Mahan

Name of person mailing paper or fee


Signature of person mailing paper or fee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Masayuki Momiuchi, Taizo Eno, Yoshiaki Goto and Hideo Sagehashi**

For: **LASER DEVICE AND OPHTHALMOLOGICAL SURGICAL SYSTEM**

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:


LETTER

The above-identified applicants enclose for filing a patent application entitled "**LASER DEVICE AND OPHTHALMOLOGICAL SURGICAL SYSTEM**". Said attached patent application includes (1) Utility Patent Application Transmittal Letter (1-Page); (2) Patent Application: 18-Page Specification (including 1-Page cover sheet, 1-Page of Claims (4) and 1-Page Abstract), 4-sheets of A4 size formal drawings and an executed Declaration and Power of Attorney (2-Pages); (3) Recordation Form cover sheet (1-Page); Assignment (2-Pages); (4) Claim of Priority Transmittal Letter (1-Page), together with a certified copy of Japanese Patent Application No: 2002-304955 filed 10/18/02; and (5) Fee Transmittal Form, together with a check in the amount of \$790.00 in payment of the filing and recording fees.

All correspondence concerning this application should be mailed to:

**Kevin S. Lemack
Nields & Lemack
176 E. Main Street
Westboro, Massachusetts 01581**

Respectfully submitted,


Kevin S. Lemack
Attorney for Applicant
Registration No. 32,579

Date: September 30, 2003

EXPRESS MAIL NO: ER247803178US